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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE DMW

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE DMW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Verified and Acknowledged Examiner's Signature <i>Debra Wolfe</i>	Initials <i>DMW</i>	

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## TITLE

Wire forming tool

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